The Administration of **Blood Components** - Key Action Points

taken from diagram 1 in the BCSH guidelines on the administration of blood components 2009

If a further blood component unit is prescribed:-

- Repeat the administration/identity check with each unit. If no further units are prescribed:-
- Remove the blood administration set. Ensure all transfusion documentation is completed.
- Observations should be undertaken for every unit transfused. Minimum monitoring of the patient should include:
- Regular visual observation throughout the transfusion episode
- Pre transfusion pulse (P), blood pressure (BP), temperature (T) and respiratory rate (RR). To be taken no more than 60 minutes before starting transfusion
- P. BP and T should be taken 15 minutes after the start of each component transfusion. If these measurements have changed from the baseline values, then the RR should
- also be taken More frequent observations may be required e.g. rapid transfusion, or patients who are unable to complain of symptoms which would raise suspicion of a developing transfusion reaction
- If the patient shows signs or symptoms of a possible transfusion reaction, P, BP, T and RR should be monitored and recorded and appropriate action taken
- Post transfusion P, BP and T should be taken and recorded not more than 60 minutes after the end of the component transfusion
- Patients should be observed during the subsequent 24 hours for (or, if discharged, counselled about the possibility of) late adverse reactions
- Organisations should ensure that systems are in place to ensure patients have 24 hour access to clinical advice
- Final check must be conducted next to the patient by a trained and competent healthcare professional who also administers the component including:
- All patients receiving a transfusion must be positively identified - refer to central information
- All patient core identifiers on the patient's identification wristband (or risk assessed equivalent) must match the details on the blood component label
- All blood components should be administered using a blood administration set with integral mesh filter
- Transfusion should be completed within 4 hours of leaving temperature controlled storage.

• Where possible, patients (and/or for paediatric patients those with parental responsibility) should have risks, benefits and alternatives to transfusion explained to them in a timely and understandable manner

> **Patient information** and consent to transfusion

Positive patient identification

Positive patient identification at all stages of the blood transfusion process is essential.

Patient core identifiers are:

- Last name
- First Name Date of birth
- Unique identification number- NHS number

Positive patient identification:

- Whenever possible ask the patient to state their full name and date of birth.
- For patients who are unable to identify themselves e.g. paediatric, unconscious or confused patients, or where there is a language barrier, verification of the patient's identification should be obtained from a parent or carer (if present)
- This information must match exactly the information on the
- patient's identification band (or equivalent). All paperwork relating to the patient must include, and be identical in every detail to, the minimum patient core identifiers contained on the patient's identification band.

Administration

Completion of

transfusion episode

Collection and delivery of blood component to the clinical area

Before collection, ensure the patient is ready to start the transfusion, baseline observations taken and has patent venous access. When collecting the blood component from the laboratory or blood refrigerator:-

- Ensure person collecting components have been trained and are competent
- Take authorised documentation containing the patient's core identifiers
- Check core patient identifiers with the label on the blood component.
- Core patient identifiers, date and time of collection and staff identification details must be recorded.
- The component should be delivered to the clinical area without delay.

Monitoring of the patient

